

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 2-25-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97750FC, 93799, 99213, 97265, 97012, 97250, and 97032.

II. FINDINGS

The respondent denied reimbursement based upon, "R – Extent of Injury". The extent of injury issue has been resolved, insurance carrier accepted the lumbar spine resolving the issue; therefore, the disputed services will be reviewed in accordance with *Medical Fee Guideline*.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-27-03	97750FC (4)	\$400.00	\$0.00	R	\$100.00/hr	Medicine GR (I)(E)(2)	MAR reimbursement of 4 hours of testing = \$400.00.
3-27-03	93799	\$122.00			DOP	Unlisted cardiovascular service or procedure	The insurance carrier did not dispute amount billed was not fair and reasonable, reimbursement of \$122.00 is recommended.
4-16-03 5-1-03 5-7-03 5-8-03	99213	\$50.00			\$48.00	CPT Code Descriptor	MAR reimbursement of \$48.00 X 4 dates = \$192.00.
4-16-03 5-1-03 5-7-03 5-8-03	97265	\$45.00			\$43.00	CPT Code Descriptor	MAR reimbursement of \$43.00 X 4 dates = \$172.00.
4-16-03	97012	\$20.00			\$20.00	CPT Code Descriptor	MAR reimbursement of \$20.00 is recommended.
5-1-03 5-8-03	97250	\$45.00			\$43.00	CPT Code Descriptor	MAR reimbursement of \$43.00 X 2 dates = \$86.00.
5-7-03	97032	\$20.00			\$20.00	CPT Code Descriptor	MAR reimbursement of \$20.00 is recommended.
TOTAL							

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 97750FC, 93799, 99213, 97265, 97012, 97250, and 97032 in the amount of **\$1055.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1055.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division